



State of California
Kevin Shelley
Secretary of State

FILED
in the office of the Secretary of State
of the State of California

AUG 20 2003

Kevin Shelley
KEVIN SHELLEY, SECRETARY OF STATE

LIMITED LIABILITY COMPANY - STATEMENT OF INFORMATION

Filing Fee \$20.00 - If Amendment, See Instructions

IMPORTANT - Read Instructions Before Completing This Form

1. LIMITED LIABILITY COMPANY NAME: (Do not alter if name is preprinted.)

ADVANCED DATAD VIDEOS L.L.C.

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This Space For Filing Use Only

2. SECRETARY OF STATE FILE NUMBER

200316810151

3. STATE OR PLACE OF ORGANIZATION

CALIFORNIA

4. PRINCIPAL EXECUTIVE OFFICE

STREET ADDRESS 3075 CHURN CREEK RD SUITE C
CITY REDDING

STATE CA

ZIP CODE 96002

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (FOR DOMESTIC ONLY)

STREET ADDRESS 3075 Churn Creek Rd Suite C
CITY Redding

STATE CA

ZIP CODE 96002

6. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS

☒ AN INDIVIDUAL RESIDING IN CALIFORNIA.

☐ A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.

AGENT'S NAME: ROBERT HOQUE

7. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

ADDRESS 3075 Churn Creek Rd Suite C
CITY REDDING

STATE CA

ZIP CODE 96002

8. DESCRIBE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY.

VIDEO SALES

9. LIST THE NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER. ATTACH ADDITIONAL PAGES, IF NECESSARY.

9a. NAME Ed Volpe
ADDRESS P.O. Box 494501
CITY Redding

STATE CA

ZIP CODE 96049

9b. NAME Dean Burroughs
ADDRESS P.O. Box 494501
CITY Redding

STATE CA

ZIP CODE 96049

9c. NAME Louis Volpe
ADDRESS P.O. Box 494501
CITY Redding

STATE CA

ZIP CODE 96049

10. CHIEF EXECUTIVE OFFICER (CEO), IF ANY

NAME Robert Hoque
ADDRESS 3075 Churn Creek Rd Suite C
CITY Redding

STATE CA

ZIP CODE 96002

11. NUMBER OF PAGES ATTACHED, IF ANY:

12. THIS STATEMENT IS TRUE, CORRECT, AND COMPLETE.

Robert Hoque

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Robert Hoque
SIGNATURE

General Manager
TITLE

7/6/03
DATE

DUE DATE: AUG - 7 2003